

J2-4/19/6

1986 U.S. PTO
FORM 270

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			8-29-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	AB	J2-4/19/6	10-05-01

INDEX OF CLAIMS

- | | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| ✓ | Allowed | I | Interference |
| ✓ | (Through numeral) Canceled | A | Appeal |
| ✓ | Restricted | O | Objected |

Claim	Final	Original	Date
1	✓	✓	10/24/01
2	✓	✓	10/24/01
3	✓	✓	10/24/01
4	✓	✓	10/24/01
5	✓	✓	10/24/01
6	✓	✓	10/24/01
7	✓	✓	10/24/01
8	✓	✓	10/24/01
9	✓	✓	10/24/01
10	✓	✓	10/24/01
11	✓	✓	10/24/01
12	✓	✓	10/24/01
13	✓	✓	10/24/01
14	✓	✓	10/24/01
15	✓	✓	10/24/01
16	✓	✓	10/24/01
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18	✓	✓	10/24/01
19	✓	✓	10/24/01
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26	✓	✓	10/24/01
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If more than 150 claims or 10 actions
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